

CHILD SERVICES CASE PLAN (Part AA)  
SERVICES TO IMPLEMENT THE PLAN

Today's Date: \_\_\_\_\_

Child[Youth Name]: \_\_\_\_\_ Child[Youth Age/DOB]: \_\_\_\_\_ Case#: \_\_\_\_\_

Date Court Changed Plan from Reunification: \_\_\_\_\_

Primary Permanent Plan (Specify relationship and name): \_\_\_\_\_

Alternative Permanent Plan: \_\_\_\_\_

1. REASON FOR CHANGE IN PERMANENT PLAN: (Explain the reason for changing the permanent plan from family reunification and the reasons for choosing this plan:)

---

---

---

---

---

---

---

---

11. CHILD STRENGTHS:

---

---

---

---

---

---

---

---

111. CONDITION/NEED THAT MUST BE ELIMINATED TO ACHIEVE PERMANENCE: (Describe the condition(s) that must be eliminated to achieve permanence, complete a page 2 to address each unmet need listed.)

---

---

---

---

---

---

---

---

Social Worker's Name:	CHILD SERVICES CASE PLAN (Part AA) SERVICES TO IMPLEMENT THE PLAN OF	Family Name:
Date Completed:		Condition/Need Number:

CONDITION/NEED:
-----------------

OBJECTIVE	ACTIVITIES TO ACHIEVE OBJECTIVES	TARGET DATES	LEAD PERSON/AGENCY
<div> <div></div> <div>Projected Completion Date: _____</div> </div>			

RESULTS
Was The CONDITION/NEED Eliminated? ____Yes ____No (Describe):
_____

Was The OBJECTIVE Met? ____Yes ____No (If No, Describe):	Were the ACTIVITIES/EXPECTATIONS Met? ____Yes ____No (If No, Describe):	Actual Completion Dates:
_____	_____	
Actual Completion Date: _____		

Social Worker Comments (If child/youth did not participate in preparing the plan and/or refused to sign, discuss):
_____

Child/Youth Comments:
Placement Provider Comments:

Print Name of Participant:	Signature:	Date:
Parent/Guardian/Caretaker (if applicable):		
Child/Youth (Age 12 or older, if appropriate):		
Placement Provider:		
Social Worker:		